

COPD Communication Sheet FOR ANP/DN

Patient Details (sticker) Tel:	Date & time of arrival: Date & time of admission: Discharged alive? Date of Discharge:	GP Details
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First Respiratory Specialist Review Date:	Time:
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Admission NEWS: Admission History:	PMH: Cardiovascular disease: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, any intervention? Y <input type="checkbox"/> N <input type="checkbox"/> Mental Illness: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, any intervention? Y <input type="checkbox"/> N <input type="checkbox"/>
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Spirometry	Predicted	Measured	% Predicted	Date of test
FVC				
FEV1				
FVC/FEV1%				

Pulse	BP	weight	Resp rate	Temp	O2 alert card	Vaccinations?
O2 Sats (% Air)	O2 Sats (on O2) LTOT patients % on	O2 prescription: Not prescribed <input type="checkbox"/> 88-92% <input type="checkbox"/> 94-98% <input type="checkbox"/> Other:	O2 administered at any time? Y <input type="checkbox"/> N <input type="checkbox"/>	Acute NIV required? Y <input type="checkbox"/> N <input type="checkbox"/> Date: Time:	Attach TTO & COPD Bundle	

Social Circumstances:

Relevant Investigations	F/up arrangements/opd	Instructions

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INHALER TECHNIQUE

Inhaler technique assessed? Y N
Satisfactory? Y N
If not, referred to respiratory nurse specialist/doctor for review? Y N

SELF MANAGEMENT / RESCUE PACK

Medications issued? Y N
Suitable for rescue pack? Y N
If yes, prescribed on TTO Y N
Self-management leaflet provided? Y N
Oxygen alert card provided? Y N N/A
Flu Vaccination? Y N
NHS COPD Hub App Y N
BLF passport offered? Y N

SMOKING CESSATION

Smoking Status Never Ex-smoker Smoker
Vaping? Y N
Referral made? Y N
Referral made to? Smoking Cessation Advisor Other
Declined? Y N

SPIROMETERY

Done prior to discharge? Y N
If not done, document reason.

Completed by:

Signed:

Date:

PULMONARY REHABILITATION?

FOLLOW - UP

Referral Made? Y N Community nurses Y N
If no, document reason: COPD nurse led clinic Y N
Does not meet criteria Consultant led clinic Y N
Declined O2 Assessment Clinic Y N
Previously attended
Other

Patient discussed at MDT with community/primary care team? Y N

Completed by:

Signed:

Date:

Please share information with GP surgery. Any comments/advice contact Respiratory Nurses.
Tel: 03000850853 Email: BCU.RespiratoryReferralsWesr@wales.nhs.uk